

**SERVICE AGREEMENT  
BETWEEN  
CITY OF LINCOLN AND SOUTHEAST COMMUNITY COLLEGE**

**I. INTRODUCTION**

This Agreement is between the City of Lincoln, Nebraska (City), on behalf of the Lincoln-Lancaster County Health Department (LLCHD), for the clinical training of nursing, Medical Assistant, medical coding students, and dental assistant students, and Southeast Community College (Program Provider), a corporation of the state of Nebraska, with a place of business at 8800 O@ Street, Lincoln NE 68520, and phone (402) 471-3333.

The clinical training for nursing, Medical Assistant, medical coding, and dental assistant students is a cooperative effort to provide clinical or case management experience in public health services and/or the City's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program for students enrolled at the Program. For the purposes of this Agreement, clinical training of students shall be called the Program.

**II. SERVICES**

The Program Provider and City enter this Agreement for the Program Provider to:

- A. Utilize the facilities of LLCHD for student observation, instruction, and experience.
- B. Provide a public health nursing, WIC, and/or dental experience for students enrolled at the Program Provider. Arrangements for experiences will be planned which are acceptable to LLCHD.
- C. Provide qualified faculty who will assume full responsibility for instruction and supervision of students. The faculty of the Program will be responsible for selecting learning experiences according to a plan worked out and agreed to upon by both parties.
- D. Require faculty to receive adequate orientation on LLCHD policies and facilities from the LLCHD before assuming responsibilities for instruction for students at LLCHD.
- E. Be responsible to LLCHD for patient care students provide during their clinical experience. The student shall be directly responsible to the faculty, who shall, in turn, be responsible to LLCHD for the care of the patient.
- F. Assume responsibility for the health and welfare of its students and faculty.
- G. Provide nursing bags and all necessary equipment for students and faculty.
- H. Require students and faculty to:
  - 1. Dress professionally as outlined in the LLCHD Dress and Grooming Guidelines.
  - 2. Provide own transportation during Program.
- I. The number of students participating in the Program is to be negotiated based on the day of the week and room capacity of the student room at LLCHD. The number of students is to be negotiated and agreed upon before each term begins.

- J. It is understood that the Program at LLCHD will not interfere with the primary mission of the care and treatment of LLCHD=s patients. The Program Provider shall require its students and faculty to adhere to LLCHD=s rules, regulations, policies and procedures while on the premises.

The Program Provider and City enter into this Agreement for the City to:

- A. Provide office space at the City for students and faculty.
- B. Permit students and faculty to use LLCHD's library.
- C. Give students and faculty access to the City's manuals, policies, record forms, and district maps.
- D. Provide an orientation program on City policies and facility to new faculty.
- E. Provide the necessary supplies and equipment for the learning experience in the clinical setting.
- F. City retains the right to terminate the use of its facilities, equipment, or supplies by any student or faculty member when a violation of City's rules, regulations, policies, or procedures occurs. Such action normally shall not be taken until grievance against any student or faculty member has been discussed with the appropriate representative of the Program. City reserves the right to take immediate action when necessary to maintain operation of its facilities free from interruption.

In addition, the Program Provider and City mutually agree as follows:

- A. No student or faculty of the Program Provider shall be considered an employee of LLCHD or City by reason of their participation in this Program.
- B. The details of this Program will be determined through mutual planning and agreement between the Program Provider and LLCHD.
- C. Students shall be directly responsible to the Program Provider=s faculty for the care provided and responsible to LLCHD to operate within LLCHD policy and to provide quality care.

### **III. TERM**

The term of this Agreement shall be from November 1, 2012 and shall continue until completion of all the obligations of this Agreement, but in no event longer than October 31, 2015.

### **IV. COMPENSATION**

There shall be no additional compensation beyond the exchange of services by City and Program Provider.

## **V. HEALTH & IMMUNIZATION STATUS**

The Program Provider shall provide written documentation to the City that each student participating in the Program meet the City's standards regarding health and immunization status. The documentation shall guarantee to the City that each student has received immunizations according to the most recent recommendations of the American Committee on Immunization Practices of the Centers for Disease Control & Prevention. The documentation shall also include the students' TB screening status, any titer results, or a copy of the student's refusal. If a student refuses any recommended vaccine or refuses to allow the Program Provider to distribute the student's health information, the City shall be allowed to exercise its discretion in deciding if the student will be allowed to participate in the field and clinical experience that is the subject of this Agreement.

## **VI. TERMINATION FOR BREACH**

Either party has the right to terminate this Agreement if the other party fails to perform as required in this Agreement. Termination rights under this section may be exercised only after the non-breaching party notifies the breaching party of the failure to perform in writing upon giving the other party thirty (30) days written notice.

## **VII. TERMINATION FOR CONVENIENCE**

City has the right to terminate this Agreement for any reason for its own convenience. If City terminates this Agreement for convenience, City shall provide Program Provider with thirty (30) days written notice of the termination.

## **VIII. TERMINATION FOR LACK OF FUNDING**

The City may terminate this Agreement in whole or in part when funding is not lawfully available for expenditure or when sources of funding are terminated, suspended, reduced, or otherwise not forthcoming through no fault of City.

## **IX. DUTIES GENERALLY**

The Program Provider agrees as follows:

1. To timely and professionally complete the services as described above, and to furnish their labor and pay all their own costs, including any taxes, required to complete their services.
2. To furnish everything reasonably necessary to complete the services unless specifically provided otherwise in this Agreement.
3. To apply for and obtain any and all necessary permits, certifications, licenses, variances, and approvals required by any applicable law or regulations that relate to the services.
4. To conduct all activities related to the services in a lawful manner.
5. Provide and perform all necessary labor in a professional and workmanlike manner and in accordance with the provisions of this Agreement.

## **X. INDEPENDENT CONTRACTOR**

City is interested only in the results produced by this Agreement. The Program Provider has sole and exclusive charge and control of the manner and means of performance. The Program Provider shall perform as an independent contractor and it is expressly understood that neither the Program Provider nor any of its staff are employees of City and, thus they are not entitled to any City benefits including, but not limited to, overtime, retirement benefits, workers' compensation, sick leave, or injury leave.

## **XI. PRIVACY**

### **A. Privacy Rule**

1. Program Provider, in its capacity as a Business Associate, shall carry out its obligations under this Agreement in compliance with the privacy regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, et seq., as amended (“HIPPA”) and the American Recovery and Reinvestment Act of 2009 (“ARRA”), to protect the privacy of any personally identifiable protected health information (“PHI”) that is collected, process, or learned as a result of the Services provided hereunder. In conformity therewith, Program Provider agrees that it will:
  - i. Not use or further disclose PHI except as permitted under this Agreement or required by law;
  - ii. Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this Agreement;
  - iii. To mitigate, to the extent practicable, any harmful effect that is known to Program Provider of a use or disclosure of PHI by Program Provider in violation of this Agreement;
  - iv. Report to LLCHD any use or disclosure of PHI not provided for by this Agreement of which Program Provider becomes aware;
  - v. Ensure that any agents or subcontractors to whom Program Provider provides PHI, or who have access to PHI, agree to the same restrictions and conditions that apply to Program Provider with respect to such PHI;
  - vi. Make PHI available to LLCHD upon request of an individual who has a right of access as required under HIPAA within thirty (30) days of the request by LLCHD regarding the individual;
  - vii. Incorporate any amendments to PHI when notified to do so by LLCHD;
  - viii. Provide an accounting of all uses or disclosures of PHI made by Program Provider as required under the HIPAA privacy rule within sixty (60) days;
  - ix. Make its internal practices, books, and records relation to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for purposes of determining LLCHD's compliance with HIPPA; and
  - x. At the termination of this Agreement, return or destroy all PHI received from, or created or received by Program Provider on behalf of LLCHD, and, if return is not feasible, the protections of the Agreement will extend to such PHI.

2. The specific uses and disclosures of PHI that may be made by Program Provider on behalf of LLCHD include those services enumerated within this Agreement.

**B. Security Rule:**

1. Program Provider, in its capacity as a Business Associate, shall carry out its obligations under this Agreement in compliance with the security regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, et seq., as amended (“HIPAA”) and the ARRA, regarding the security of electronic protected health information (“e-PHI”) that is received as a result of the services provided hereunder. In conformity therewith, Program Provider agrees that it will:
  - i. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the covered entity as required in the regulations;
  - ii. Ensure that any agent of the Program Provider, including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect protected health information; and
  - iii. Report to LLCHD any security incident of which it becomes aware.

C. Notwithstanding any other provisions of this Agreement, this Agreement may be terminated by the City, in its sole discretion, if the City determines that Program Provider has violated a term or provision of this Agreement pertaining to Program Provider’s obligations as a Business Associate of the City, or if Program Provider engages in conduct which would, if committed by the City, result in a violation of the HIPAA privacy rule or HIPAA security rule by the City. The City is not a “covered entity” for purposes of HIPAA, however, the Program Provider agrees that it will treat patient information in a manner consistent with HIPAA’s requirements for Protected Health Information (PHI). Specifically, the Program Provider agrees that it shall:

1. Use appropriate safeguards to prevent misuse or inappropriate disclosure of patient information.
2. Make patient information available to patients in a manner not inconsistent with HIPAA;
3. Require all employees to comply with such restrictions;
4. Report any improper use or disclosure of patient information immediately to the City.

## **XII. INSURANCE**

- A. Program Provider shall maintain General Liability Insurance at its own expense during the life of this Agreement, naming and protecting Program Provider and the City of Lincoln, its officials, employees and volunteers as insured, against claims for damages resulting from (a) all acts or omissions, (b) bodily injury, including wrongful death, (c) personal injury liability, and (d) property damage which may arise from operations under this Agreement whether such operations by Program Provider and Program Provider’s employees, students, or those directly or indirectly employed by Program Provider. The minimum acceptable limits of liability to be provided by such insurance shall be as follows:

1. All Acts or Omissions - \$1,000,000 each Occurrence; \$2,000,000 Aggregate; and
  2. Bodily Injury/Property Damage - \$1,000,000 each Occurrence; \$2,000,000 Aggregate; and
  3. Personal Injury Damage - \$1,000,000 each Occurrence; and
  4. Contractual Liability - \$1,000,000 each Occurrence; and
  5. Products Liability and Completed Operations - \$1,000,000 each Occurrence; and
  6. Medical Expenses (any one person) - \$10,000.
- B. Program Provider shall maintain as its own expense during the life of this Agreement, the following:
- a. Professional liability insurance or self insurance coverage in the amount of \$500,000 per occurrence and \$1,000,000 in the annual aggregate and umbrella coverage extending such professional liability to an annual aggregate of not less than \$1,750,000 per occurrence and no limit on annual aggregate coverage through a combination of insurance and qualification under and participation in the Nebraska Hospital-Medical Liability Act covering the Program Provider, its employees and medical residents or students for claims under the Nebraska Hospital-Medical Liability Act for bodily injury or death on account of alleged malpractice, professional negligence, failure to provide care, breach of contract or other claim based upon failure to obtain informed consent for an operation or treatment; and
  - b. Professional liability insurance or self insurance coverage in the amount of \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate covering the Program Provider, its employees and medical residents or students for claims not falling under the Nebraska Hospital-Medical Liability Act for bodily injury or death on account of alleged errors or omissions or negligent acts in the performance of professional services rendered or that should have been rendered.
- C. The following shall be provided and attached to this Agreement by the Program Provider:
1. A Certificate of Insurance for its General Liability Insurance. The City of Lincoln shall be specifically named as an additional insured on the General Liability Insurance. The Program Provider may present evidence of equivalent self insurance in place of a certificate of insurance for General Liability Insurance. The City shall be treated as an additional insured as if the Program Provider possessed General Liability Insurance.
  2. Proof of Workers' Compensation Insurance, where appropriate.
- D. Program Provider is required to provide the City with thirty (30) days notice of cancellation, non-renewal or any material reduction of insurance as required by this Agreement. If Program Provider obtains General Liability Insurance during the term of this Agreement, it shall add the City as an additional insured and provide a copy of the Certificate of Insurance naming the City as an additional insured.

### **XIII. INDEMNIFICATION**

To the fullest extent permitted by law, Program Provider shall indemnify, defend and hold harmless the City, its officers, agents and employees from and against claims, damages, losses

and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of this Agreement, that results in any claim for damage whatsoever, including without limitation, any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by the intentional or negligent act or omission of Program Provider, or anyone for whose acts any of them may be liable. This section will not require Program Provider to indemnify or hold harmless the City for any losses, claims, damages, and expenses arising out of or resulting from the sole negligence of the City. The City does not waive its governmental immunity by entering into this Agreement and fully retains all immunities and defenses provided by law. This section survives any termination of this Agreement.

#### **XXIV. AUDIT PROVISION**

The Program Provider shall be subject to audit pursuant to Chapter 4.66 of the Lincoln Municipal Code and shall make available to a contract auditor, as defined therein, copies of all financial and performance related records and materials germane to this Agreement, as allowed by law.

#### **XIX. FAIR EMPLOYMENT**

The Program Provider shall not discriminate against any employee (or applicant for employment) with respect to compensation, terms, advancement potential, conditions, or privileges of employment, because of such person's race, color, religion, sex, disability, national origin, ancestry, age, or marital status pursuant to the requirements of Lincoln Municipal Code Chapter 11.08, and *Neb. Rev. Stat.* § 48-1122, as amended.

#### **XX. FAIR LABOR STANDARDS**

The Program Provider shall maintain Fair Labor Standards in the performance of this Agreement, as required by Chapter 73, Nebraska Revised Statutes, as amended.

#### **XXI. NEBRASKA LAW**

This Agreement shall be governed and interpreted by the Laws of the State of Nebraska without reference to the principles of conflicts of law.

#### **XXII. EMPLOYEE VERIFICATION**

In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 USC 1324 a, otherwise

known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A. 1324b. The contractor shall require any subcontractor to comply with the provisions of this section.

### **XXIII. INTEGRATION, AMENDMENTS, ASSIGNMENT**

This Agreement represents the entire agreement between the parties and all prior negotiations and representations are hereby expressly excluded from this Agreement. This Agreement may be amended only by written agreement of both parties. This Agreement may not be assigned without the prior written consent of the other party.

### **XXIV. SEVERABILITY & SAVINGS CLAUSE**

Each section and each subdivision of a section of this Agreement is hereby declared to be independent of every other section or subdivision of a section so far as inducement for the acceptance of this Agreement and invalidity of any section or subdivision of a section of this Agreement shall not invalidate any other section or subdivision of a section thereof.

### **XXV. CAPACITY**

The undersigned person representing the Program Provider does hereby agree and represent that he or she is legally capable to sign this Agreement and to lawfully bind the Program Provider to this Agreement.

IN WITNESS WHEREOF, the Program Provider and City do hereby execute this Agreement.



\_\_\_\_\_  
Dennis Headrick  
Vice-President of Instruction  
Southeast Community College  
301 S. 68<sup>th</sup> Place  
Lincoln, Nebraska 68510

\_\_\_\_\_  
Chris Beutler  
Mayor of Lincoln  
555 South 10<sup>th</sup> Street  
Lincoln, Nebraska 68508

10/4/12  
\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Execution





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/03/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> 1-630-773-3800 Arthur J. Gallagher Risk Management Services, Inc. PNP Division Two Pierce Place  Itasca, IL 60143	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: SELECTIVE INS CO OF AMER</td><td>12572</td></tr><tr><td>INSURER B: IRONSHORE SPECIALTY INS CO</td><td>25445</td></tr><tr><td>INSURER C: SAFETY NATL CAS CORP</td><td>15105</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A: SELECTIVE INS CO OF AMER	12572	INSURER B: IRONSHORE SPECIALTY INS CO	25445	INSURER C: SAFETY NATL CAS CORP	15105	INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
<b>INSURED</b> Southeast Community College  301 South 68th Street Place  Lincoln, NE 68510-2449															

**COVERAGES**

CERTIFICATE NUMBER: 29522304

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			S1325529	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S1325529	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,900,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			00440401	07/01/12	07/01/13	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			S1325529 SP4046267	07/01/12 07/01/12	07/01/13 07/01/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Self Insured Retentions  
General Liability \$ 100,000.  
Employee Benefits Liability \$ 100,000  
School Board Legal Liability \$ 100,000.  
(See Attached Description)  
Evidence of Insurance with respects to Renewal of Clinical Site from November 2012 to November 2015

**CERTIFICATE HOLDER**

Lincoln-Lancaster County Health Department  
  
Attn: Andrea Haberman MSN, RN  
3140 N Street  
  
Lincoln, NE 68510

USA

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
10/03/2012

NAME OF INSURED: Southeast Community College

Additional Description of Operations/Remarks from Page 1:

Additional Information:

Automobile Liability \$ 100,000  
Workers Compensation \$ 150,000.

Annual Aggregate Excess limits per member on Selective policy  
General Liability \$3,800,000  
Employee Benefit Liability \$ 2,900,000  
School Board Legal Liability \$ 2,900,000  
Automobile Liability n/a ; Workers Compensation n/a.

Retroactive Dat 07/01/1991 except:  
07/01/1995 for Central Community College and Mid-Plains Community College  
07/01/2008 for Sexual Abuse coverage

**\*\*Workers Comp Information\*\***

Selective \$350,000 XS \$150,000 ; Safety National XS \$500,000  
Voluntary Compensation ; Other States Coverage  
Foreign Voluntary (Repatriation) Workers' Comp and Employer's Liability-Workers Comp=Statutory Volunteers

**\*\*Supplement Name\*\*** Insured Multiple Names: Southeast Community College

Name Printed on DEC Page: Nebraska Community College Insurance Trust

Insured Multiple Names: Central Community College

Insured Multiple Names: Metropolitan Community College

Insured Multiple Names: Northeast Community College

Insured Multiple Names: Western Nebraska Community College

Insured Multiple Names: Mid Plains Community College Area